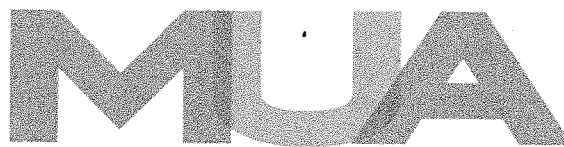


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**UNDERGRADUATE UNIVERSITY EXAMINATIONS**  
**SCHOOL OF MANAGEMENT AND LEADERSHIP**  
**DEGREE OF BACHELOR OF ARTS IN DEVELOPMENT STUDIES**

**BDS 208: HEALTH AND DEVELOPMENT**

**DATE: 15<sup>TH</sup> DECEMBER 2016**

**DURATION: 2 HOURS**

**MAXIMUM MARKS: 70**

**INSTRUCTIONS:**

1. Write your registration number on the answer booklet.
2. **DO NOT** write on this question paper.
3. This paper contains **SIX (6)** questions.
4. Question **ONE** is compulsory.
5. Answer any other **THREE** questions.
6. Question **ONE** carries **25 MARKS** and the rest carry **15 MARKS** each.
7. Write all your answers in the Examination answer booklet provided.

## QUESTION ONE

Read the Case Study below carefully and, answer the questions that follow:

### KENYA HEALTH SITUATION 2016

Life expectancy at birth in Kenya has improved from a low of 45.2 years in the 1990s to an estimated 60 years by 2012. There are indications of on-going improvements in the health status for infants and under 5s. All the same, there are wide disparities in health status across the country, closely linked to underlying socioeconomic, gender and geographical disparities. The country's burden of communicable diseases remains high. HIV/AIDS is responsible for up to 29.3% of all deaths and 24.2% of all disability in the country; respiratory (chest) infections including tuberculosis (14.4% of deaths) while malaria contributes 30% of the total outpatient morbidity, and is the leading cause of mortality amongst under 5s. Other major causes of death include conditions during and just after birth, as well as stroke, heart attacks, road traffic accidents and violence. Kenya has recently experienced outbreaks of new/re-emerging conditions such as polio as well as other emergencies. Non communicable diseases (NCDs) are perceived to be on the increase in Kenya. According to HMIS, cardiovascular diseases and cancer are the 2nd and 3rd leading causes of death respectively. Prevalence of diabetes in the population aged between 20-79 years is 4.7%. Diarrhoea diseases remain one of the major causes of childhood morbidity and mortality in Kenya, particularly in areas where there are shortages of safe drinking water, adequate sanitation, malnutrition, and pollution of food sources.

To become a medium level developed country, in partnership with World Health Organization, Kenya came up with five strategic priority areas to address the above problems which are; STRATEGIC PRIORITY 1: Reduce the burden of communicable diseases, including HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and vaccine preventable diseases, using disease control strategies including, prevention, treatment, elimination and eradication. STRATEGIC PRIORITY 2: Halt/stabilize and reverse the rising burden of non-communicable conditions, injuries violence and disability through comprehensive sector wide evidence-based policy options and strategies coupled with robust monitoring and evaluation systems informed by a

continuous research agenda. STRATEGIC PRIORITY 3: Improve health outcomes and embrace healthy lifestyles in a supportive and enabling risk mitigating environment through the course of life for improved quality of health and increased health adjusted life expectancy. STRATEGIC PRIORITY 4: By 2019, the country has a responsive, client-centered, technologically driven and sustainable health system that is facilitating movement towards universal health coverage with defined quality health and related services, with protection from catastrophic health expenditures. STRATEGIC PRIORITY 5: Have adequate capacity for disaster preparedness, surveillance, and effective response to disease outbreaks, acute public health emergencies and the effective management of health-related aspects of humanitarian disasters to contribute to health security.

### Required

Identify some actions that can be undertaken by the government of Kenya and partners to overcome health challenges identified under each of the following strategic priority areas

- |                          |           |
|--------------------------|-----------|
| a. Strategic priority 1  | (5 marks) |
| b. Strategic priority 2: | (5 marks) |
| c. Strategic priority 3: | (5 marks) |
| d. Strategic priority 4: | (5 marks) |
| e. Strategic priority 5  | (5 marks) |

### QUESTION TWO

As a social development practitioner, explain at least five ways in ways you can apply your knowledge in health and development in making the world a better and healthier place. (15 marks)

### QUESTION THREE

The origin of public health can be traced back to John Snow's when he identified polluted public water well as the source of an 1854 cholera outbreak in London. Discuss at least five benefits of investing in public health as a country. (15 marks)

#### QUESTION FOUR

Inefficient health systems in developing countries and counties have been blamed for poor health care in these regions. Discuss any three ~~areas where~~ <sup>each of them</sup> inefficiencies in health care ~~can be traced~~ and strategies of overcoming such inefficiencies.

(15marks)

#### QUESTION FIVE

- A. Using the basic needs theory, explain how county government can improve health outcomes of their people (5 marks)
- B. Using dependency theory, explain how developed countries came to have better health systems than developing countries (10 marks)

#### QUESTION SIX

- A. Discuss how <sup>any</sup> ~~the~~ two ~~main~~ barriers to entry in the Kenyan health system operate to keep the poor sicker (10 marks)
- B. Discuss any three advantages and three disadvantages of traditional birth attendants in rural Kenya (6 marks)